



03560.002855

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: J. Culler
KOICHIRO KAWAGUCHI)	
	:	Group Art Unit: 2854
Appln. No.: 09/900,949)	
	:	
Filed: July 10, 2001)	
	:	
For: RECORDING APPARATUS)	November 25, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

Introductory Comments

In response to the Official Action mailed September 25, 2003, the Examiner is requested to amend the above-identified application as follows.

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In re: application of:

KOICHIRO KAWAGUCHI

Application No.: 09/900,949

Filed: July 10, 2001

For: RECORDING APPARATUS

Docket No.: 03560.002855

Examiner: J. Culler

Group Art Unit: 2854

Date: November 25, 2003

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12	MINUS	27	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

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☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

Respectfully submitted,



Attorney for Applicant
Mark A. Williamson
Registration No. 33,628

FITZPATRICK, CELLA, HARPER & SCINTO
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MAW:mt